

**FORM
INSP**

Rev
X/20

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

10/10/2024

Submitted Date:

10/14/2024

Document Number:

693807804

FIELD INSPECTION FORM

Loc ID: 334332 Inspector Name: BROWNING, CHUCK On-Site Inspection: 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

ECMC Operator Number: 10841
Name of Operator: AMERICAN HELIUM OPERATING LLC
Address: 600 TRAVIS STREET SUITE 5050
City: HOUSTON State: TX Zip: 77002

Findings:

- 10 Number of Comments
- 1 Number of Corrective Actions
- Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Hartman, Laura		lhartman@blm.gov	
Labowskie, Steve		steve.labowskie@state.co.us	
Lapham, Ken	979-877-4951	klapham@americanhelium.us	All Inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
268130	WELL	SI	06/01/2024	GW	113-06124	ANDY'S MESA FEDERAL 36	PR
271678	WELL	SI	04/01/2024	GW	113-06135	ANDY'S MESA UNIT 59	SI

General Comment:

ECMC staff performed Optical Gas Imaging Survey inspection on 10/10/2024. Issues were found requiring corrective action. See inspection text and photos for details. Any Corrective Actions from previous inspections that have not been addressed are still applicable.

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Signs on meter housing		
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	435-631-2239		
Corrective Action:			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
Type	WELLHEAD		
Comment:	Panel fence		
Corrective Action:			Date:

Equipment:			corrective date
Type: Bradenhead	# 2		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 2		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:			Date:

Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 2		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	<100 BBLs	PBV STEEL		38.029390,-108.622300
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	400 BBLs	STEEL AST		38.029390,-108.622300
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	YES		
Comment:	See Optical Gas Imaging section		
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 268130 Type: WELL API Number: 113-06124 Status: SI Insp. Status: PR

Producing Well

Comment: Plunger lift

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 10/26/2023 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Facility ID: 271678 Type: WELL API Number: 113-06135 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Shut in 3/1/2024

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 10/26/2023 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

